

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/26/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445303	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2011
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NAME OF PROVIDER OR SUPPLIER

NORRIS HEALTH AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3382 ANDERSONVILLE HIGHWAY
ANDERSONVILLE, TN 37705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

K 000

42 CFR 483.70(a)
K3 BUILDING: 1-story Type V(111), unprotected,
combustible construction with a complete
automatic sprinkler system.
K6 PLAN APPROVAL: 1978
K7 SURVEY UNDER: 2000 EXISTING
K8 103-bed SNF/NF

K 029 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

K 029

One hour fire rated construction (with ¾ hour
fire-rated doors) or an approved automatic fire
extinguishing system in accordance with 8.4.1
and/or 19.3.5.4 protects hazardous areas. When
the approved automatic fire extinguishing system
option is used, the areas are separated from
other spaces by smoke resisting partitions and
doors. Doors are self-closing and non-rated or
field-applied protective plates that do not exceed
48 inches from the bottom of the door are
permitted. 19.3.2.1

K029

Correction for the alleged deficiency
noted as 6"X12" wall penetration in
outdoor gas fired hot water heater room
was to install appropriate drywall section
to replace missing area with adequate tape
and mud to properly seal any penetrations.
The Maintenance Director will do a
survey of the remainder of the building for
any like areas with 1 hour rated enclosures
and ensure these areas are properly sealed
upon discovery, with all findings
immediately reported to the
Administrator. This will survey will
repeat monthly for the next three months
and all findings and concerns will be
reported to and discussed during Safety
Committee meetings for each month and
then continue quarterly thereafter until
next annual survey. Correction date of
June 24, 2011.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility
failed to assure hazardous area 's one (1) hour
fire rated construction is maintained.

The findings include:

Observation and interview with the Maintenance
Director, on May 23, 2011 at 9:30 a.m. confirmed
unsealed 6 " x 12 " wall penetration in the 1-hour
rated wall of the outdoor gas-fired hot water
heater room for the kitchen.

K 050 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

K 050

Fire drills are held at unexpected times under

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 050 Continued From page 1
varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to assure fire drills were conducted quarterly on each shift.
The findings include:
Record review on May 23, 2011 at 8:00 a.m. confirmed second shift failed to perform a fire drill the 1st quarter of 2011.

K 104 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure fire dampers were located in fire rated ceilings. NFPA 90A, 3-3.1.2 and 3-4.1.
The findings include:
Observation and interview with the Maintenance Director on May 23, 2011 at 1:30 p.m. confirmed there were no visible fire dampers or access doors in the ductwork penetrating the 1-hour

K 050 K050
Correction for the alleged deficient practice noted as second shift failed to perform a fire drill for the first quarter of 2011 will be to perform individual fire drills for all three shifts during the month of June 2011. Results of each drill will be immediately presented to the Administrator for review and recommendations. These drills will then continue as one per shift per quarter accordingly, with all results and findings being reported and discussed at each monthly Safety Committee meeting. Presentation of fire drills to the Safety Committee will continue for the next full year until next annual survey and indefinitely thereafter. Correction date of June 30, 2011

K 104

6/30/11

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K 104 Continued From page 2
rated ceiling from the air handling units located in the kitchen dry storage room and the mechanical rooms at the end of the 100 and 300 halls. Observation with the Maintenance Director, in the kitchen dry storage room on May 23, 2011 at 9:30 a.m. confirmed a flexible 16-inch round duct with no fire damper penetrated the fire rated ceiling.

K 104 K104
Corrections for the alleged deficiency noted as: no fire dampers or access doors for the ductwork penetrating 1 hour rated ceiling in kitchen dry storage, 100 and 300 hall mechanical rooms, will be installation of dampers and access panels as needed to obtain 1 hour rated assembly. The Maintenance Director will survey the remainder of the building for any similar situations and immediately notify the Administrator of any areas of concern. The Maintenance Director will do a similar survey monthly for the next three months and report all findings for discussion at each Safety Committee meeting. This will then continue with quarterly reports to the Safety Committee until next annual survey. Correction date of June 30, 2011.

6/30/11